FORM 4	
Configuration Name: _	 

## **INSTRUCTIONS**

## Summary Sheet of a Treatment Component For Proposed Configuration

Instructions – Authors with Assistance from Facilitator Complete a Separate *FORM 4* for Each Treatment Component Included in the Proposed Configuration. **Bold items required.** 

identified on FORM 2. This FORM 4 is to capture any additional specific information about the Treatment Component not already provided in FORM 1 and FORM 2.						
Configuration Name (from <i>FORM 1</i> ):						
Component Number and Name (from FORM 2):						
Does Treatment Component Also Have a Primary Function as a Storage Component? Yes No  If yes, complete FORM 3 first and only add information not provided in FORM 3 to this FORM 4.						
General Description of Treatment Component:						

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Encourage the Authors to be descriptive about the features of the component

that matters most to them.

FORM 4
Configuration Name:
Type of Treatment (check all that apply):  Mechanized like a Chemical Treatment Plant  Actively Managed like a Stormwater Treatment Area  Minimally Managed like a Wetlands  Passively Managed like Natural Lands
Have the Authors check which of the above best describes the treatment component. This is especially important if they have defined a treatment component unlike anything we have experience with – checking one or more of the above will help in understanding what it is similar to.
Check Most Important Feature(s) of Treatment Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):
Volume of Water to be Treated – Provide volume in ac-ft (Facilitator will convert information to ac-ft as necessary)
Water Depth – Provide depth in feet
Total Acres of Land – Provide acreage (Facilitator will include acreage for component infrastructure as necessary
Ability to Meet A Specific Performance Measure (PM) / Indicator (I) PM / I: Percentage
Additional PM / I Information:
Cost – Provide maximum allowed cost
Only the features above that are critical to the Authors should be checked. It is

only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the treatment component must be on 40,000 acres of land, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

FORM 4 Configuration Name:
General Component Location: (provide details on the required location of the component in addition to the information drawn on the map, examples –  - anywhere north of Lake Okeechobee  - only on US Sugar Lands west of L-19 Canal  - any lands between L-19 Canal and New Miami River Canal)
List Counties:
Description:
<del></del>
Provide additional information about the location of the component if needed to ensure the component is sited at the desired location. The Authors do not need to be specific. If no additional information provided, the Evaluation Team will utilize the information shown on the map and more specifically site the component to reduce costs and increase benefits.
General Description of Treatment Component Operations:
If the Authors envision this component to be operated a certain way, this is where
they need to describe that operation. For example, "natural un-recruited

vegetation in the flowway will serve as the treatment component to obtain the required water quality for the Everglades".

FORM 4						
Configuration Name	e:					
Check Most Important Operational Feature(s) of Treatment Component (if any) (check all features that are critical to Authors; if not checked then the proposed configuration will be optimized for this feature):						
Reliability of Treatment Component – As compared to a Stormwater Treatment Area						
Inflow Capacity – Provide inflow in cubic feet per second (Facilitator will convert information to cfs as necessary)						
Inflow Typ	oe – Select	Gravity	Pump	Both		
Outflow T	ype – Select	Gravity _	Pump_	Both		
Ability To	Go Dry – Select	Yes	No	No Preference		
Internal C	ells – Select	Yes	_ No No	Preference		

Only the features above that are critical to the Authors should be checked. It is acceptable not to check any features above. The evaluation performed will be based on this critical information and this critical information will not be changed during the evaluation. For example, if the Authors state the inflow capacity is 1,000 cfs, then other features during the evaluation will be modified as necessary to obtain that requirement within any other limitations provided. The more limitations or critical features specified, the more difficult it may be to achieve the benefits within a reasonable cost.

If yes, how many cells? \_\_\_\_\_ Cells